



## MEDICAL STATEMENT FOR ADMISSIONS

In accordance with the Colorado Department of Human Services, the parent or guardian of each child, attending a childcare facility, must submit an annual statement of the child's current health status signed and dated by an approved health professional who has seen the child within the last 12 months.

CHILD'S NAME: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check illness child has already had:

Chicken pox \_\_\_\_\_ Rubella \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Strep Throat \_\_\_\_\_ Asthma \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_ Febrile Seizures \_\_\_\_\_

Has this child been hospitalized? \_\_\_\_\_ If yes, for what reason(s): \_\_\_\_\_

Does this child require any special medications? \_\_\_\_\_, If yes, please describe: \_\_\_\_\_

Does this child have any dietary restrictions? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does this child have any physical restrictions? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does this child have any allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does this child have any speech difficulties? \_\_\_\_\_

Vision Test Results: \_\_\_\_\_

Hearing Test Results: \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Public Health and Environment Certificate of Immunization or CDPHE approved form. Download form :

<http://www.cdphe.state.co.us/dc/Immunization/Forms/Certificate%20of%20IZ%206-09.pdf>

This child has received a Health Assessment by me and has been found to be free of infectious or contagious disease. This child is physically able to participate in an age appropriate early childhood program.

\_\_\_\_\_  
Physician's or Licensed Nurse Practitioner's signature

\_\_\_\_\_  
Date

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